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OO10/PTO Rev. 12/95	US Department of Commerce Patent and Trademark Office	Attorney Docket Number ARC 2865 R1	First Named Inventor LAM, Andrew C., et al.
DECLARATION		COMPLETE IF KNOWN:	
		Application Number	09/253,317
		Filing Date	February 19, 1999
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned

Declaration

☐ Submitted with Initial Filing OR ☒ Submitted after Initial Filing

Declaration

☒ Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND DEVICES FOR PROVIDING PROLONGED DRUG THERAPY

the specification of which

☐ is attached hereto

OR

☒ was filed on (February 19, 1999 as United States Application Number 09/253,317

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
			<input type="checkbox"/>	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.	
Application Number(s)	Filing Date (MM/DD/YYYY)
60/030,514	November 12, 1996
60/044,121	April 22, 1997
60/031,741	November 25, 1996

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/070,666 08/910,593 08/967,606 08/937,336		April 30, 1998 July 31, 1997 November 10, 1997 August 19, 1997	

☐ Additional US or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name: ALZA Corporation

Payor
Number: 01-1173
(if applicable)

Name	Registration Number	Name	Registration Number
Steven F. Stone	20,246	D. Byron Miller	30,661
Paul L. Sabatine	22,539	John A. Dhuey	26,265
Michael J. Rafa	38,740	Owen J. Bates	40,346
Susan K. Thomas	39,780	Pauline Ann Clarke	29,783

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to:

Name:

Susan K. Thomas

Address:

ALZA Corporation

Address:

950 Page Mill Road

City:

Palo Alto

State:

CA

Zip:

94303-0802

Country:

U.S.A.

Telephone:

(650) 494-5171

Fax:

(650) 496-8048

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

LAM, Andrew C.

☐ A petition has been filed for this unsigned inventor.

Given

Name: Andrew

Middle
Initial: C.

Family

Name: LAM

Suffix:

Inventor's

Signature: 

Date:

3/29/99

RESIDENCE

City:

South San Francisco

State:

CA

Country:

U.S.A.

Citizenship:

US

POST OFFICE ADDRESS

P.O. Box 10950

City:

Palo Alto

State:

CA

Zip:

94303-0802

Country:

U.S.A.

Applicant

Authority: U.S.

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any: SHIVANAND, Padmaja				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Padmaja		Middle Initial:	Family Name: SHIVANAND		Suffix:
Inventor's Signature: <i>Padmaja</i>			Date: <i>March 25, 99</i>		
RESIDENCE					
City: Mountain View		State: CA	Country: U.S.A.		Citizenship: INDIA
POST OFFICE ADDRESS		P.O. Box 10950			
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
Name of Additional Joint Inventor, if any: AYER, Atul D.				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Atul		Middle Initial: D.	Family Name: AYER		Suffix:
Inventor's Signature: <i>Atul D. Ayer</i>			Date: <i>March 25th 1999</i>		
RESIDENCE					
City: Palo Alto		State: CA	Country: U.S.A.		Citizenship: U.S.A.
POST OFFICE ADDRESS		P.O. Box 10950			
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
Name of Additional Joint Inventor, if any: HATAMKHANY, Zahedeh				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Zahedeh		Middle Initial:	Family Name: HATAMKHANY		Suffix:
Inventor's Signature: <i>Zahedeh Hatamkhany</i>			Date: <i>3/25/99</i>		
RESIDENCE					
City: San Jose		State: CA	Country: U.S.A.		Citizenship: IRAN
POST OFFICE ADDRESS		P.O. Box 10950			
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
Name of Additional Joint Inventor, if any: GUPTA, Suneel K.				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Suneel		Middle Initial: K.	Family Name: GUPTA		Suffix:
Inventor's Signature: <i>Suneel K. Gupta</i>			Date: <i>3/30/99</i>		
RESIDENCE					
City: Sunnyvale		State: CA	Country: U.S.A.		Citizenship: INDIA
POST OFFICE ADDRESS		P.O. Box 10950			
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any: GUINTA, Diane R.				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Diane		Middle Initial: R.	Family Name: GUINTA		Suffix:
Inventor's Signature: <i>Diane R. Guinta</i>			Date: <i>March 15, 1999</i>		
RESIDENCE					
City: Palo Alto		State: CA	Country: U.S.A.		Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950					
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
Name of Additional Joint Inventor, if any: CHRISTOPHER, Carol A.				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Carol		Middle Initial: A.	Family Name: CHRISTOPHER		Suffix:
Inventor's Signature: <i>Carol A. Christopher</i>			Date: <i>March 21, 1999</i>		
RESIDENCE					
City: Belmont		State: CA	Country: U.S.A.		Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950					
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
Name of Additional Joint Inventor, if any: SAKS, Samuel R.				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Samuel		Middle Initial: R.	Family Name: SAKS		Suffix:
Inventor's Signature: <i>[Signature]</i>			Date: <i>3-30-99</i>		
RESIDENCE					
City: Burlingame		State: CA	Country: U.S.A.		Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950					
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
Name of Additional Joint Inventor, if any: HAMEL, Lawrence G..				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Lawrence		Middle Initial: G.	Family Name: HAMEL		Suffix:
Inventor's Signature: <i>Lawrence G. Hamel</i>			Date: <i>3/29/99</i>		
RESIDENCE					
City: Mountain View		State: CA	Country: U.S.A.		Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950					
City: Palo Alto		State: CA	Zip: 94303-0802	Country: U.S.A.	Applicant Authority: U.S.
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.					

[illegible]

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any: WRIGHT, Jeri D.		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Jeri	Middle Initial: D.	Family Name: WRIGHT	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City: Dublin	State: CA	Country: U.S.A.	Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950			
City: Palo Alto	State: CA	Zip: 94303-0802	Country: U.S.A.
Name of Additional Joint Inventor, if any: WEYERS, Richard G.		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Richard	Middle Initial: G.	Family Name: Weyers	Suffix:
Inventor's Signature: <i>Richard H Weyers</i>		Date: <i>March 25th, 1999</i>	
RESIDENCE			
City: Los Altos	State: CA	Country: U.S.A.	Citizenship: U.S.A.
POST OFFICE ADDRESS P.O. Box 10950			
City: Palo Alto	State: CA	Zip: 94303-0802	Country: U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
POST OFFICE ADDRESS			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
POST OFFICE ADDRESS			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
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Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
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Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950			
City:	State:	Zip:	Country:
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Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name:	Middle Initial:	Family Name:	Suffix:
Inventor's Signature:		Date:	
RESIDENCE			
City:	State:	Country:	Citizenship: U.S.
POST OFFICE ADDRESS P.O. Box 10950			
City:</			